

Report Year:

2010

11114

Fremont Medical Center

Yuba City

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

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Facility Number:

11114

Facility Name:

Fremont Medical Center

Address:

970 Plumas Street

City:

Yuba City

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Hospital Owner/Licensee:

Fremont Rideout Health Group

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Tony Moddesette

Submission Date:

1/13/2011 10:17:40 AM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

| Bldg. No. | Building Name                    | Alternate Building Address | Building Resolution | Final SPC Rating If Required | Extension Date | Anticipated Completion Date |
|-----------|----------------------------------|----------------------------|---------------------|------------------------------|----------------|-----------------------------|
| 02.1A     | Building B-1A Generator (1957)   | 970 Plumas Street          | Replace             | SPC5                         | 01/01/2013     | 01/01/2015                  |
| 02.1B     | Building B-1B Generator (1957)   | 970 Plumas Street          | Replace             | SPC5                         | 01/01/2013     | 01/01/2015                  |
| 02.2      | Building B-2 1970 Addition       | 970 Plumas Street          | Replace             | SPC5                         | 01/01/2013     | 01/01/2015                  |
| 04.0      | Building D (ICU Addition - 1970) | 970 Plumas Street          | Replace             | SPC5                         | 01/01/2013     | 01/01/2015                  |

For each building which is planned for retrofitting or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

|                 |                |         |                                 |            |                    |                               |                      |               |             |
|-----------------|----------------|---------|---------------------------------|------------|--------------------|-------------------------------|----------------------|---------------|-------------|
| Building No:    |                | 02.1A   | Building B-1A Generator (1957)  |            |                    | Retrofit/Replacement Project: |                      | Yes-Submitted |             |
| Facility Number | Project Number | Sub Num | Scope                           | Date in    | Plan Approved Date | Proj. Start Date              | Proj. Completed Date | Status        | CEQA Review |
| 11205           | IS081773       | 0       | PPR-RMH-ADDITIONS & ALTERATIONS | 10/06/2008 |                    | 10/01/2011                    | 01/01/2015           | OPEN          | No          |

|                 |                |         |                                 |            |                    |                               |                      |        |               |  |
|-----------------|----------------|---------|---------------------------------|------------|--------------------|-------------------------------|----------------------|--------|---------------|--|
| Building No:    |                | 02.1B   | Building B-1B Generator (1957)  |            |                    | Retrofit/Replacement Project: |                      |        | Yes-Submitted |  |
| Facility Number | Project Number | Sub Num | Scope                           | Date in    | Plan Approved Date | Proj. Start Date              | Proj. Completed Date | Status | CEQA Review   |  |
| 11205           | IS081773       | 0       | PPR-RMH-ADDITIONS & ALTERATIONS | 10/06/2008 |                    | 10/01/2011                    | 01/01/2015           | OPEN   | No            |  |

|                 |                |         |                                 |            |                    |                               |                      |               |             |
|-----------------|----------------|---------|---------------------------------|------------|--------------------|-------------------------------|----------------------|---------------|-------------|
| Building No:    |                | 02.2    | Building B-2 1970 Addition      |            |                    | Retrofit/Replacement Project: |                      | Yes-Submitted |             |
| Facility Number | Project Number | Sub Num | Scope                           | Date in    | Plan Approved Date | Proj. Start Date              | Proj. Completed Date | Status        | CEQA Review |
| 11205           | IS081773       | 0       | PPR-RMH-ADDITIONS & ALTERATIONS | 10/06/2008 |                    | 10/01/2011                    | 01/01/2015           | OPEN          | No          |

|                 |                |         |                                  |            |                    |                               |                      |        |               |  |
|-----------------|----------------|---------|----------------------------------|------------|--------------------|-------------------------------|----------------------|--------|---------------|--|
| Building No:    |                | 04.0    | Building D (ICU Addition - 1970) |            |                    | Retrofit/Replacement Project: |                      |        | Yes-Submitted |  |
| Facility Number | Project Number | Sub Num | Scope                            | Date in    | Plan Approved Date | Proj. Start Date              | Proj. Completed Date | Status | CEQA Review   |  |
| 11205           | IS081773       | 0       | PPR-RMH-ADDITIONS & ALTERATIONS  | 10/06/2008 |                    | 10/01/2011                    | 01/01/2015           | OPEN   | No            |  |

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02.1A

Building Name: Building B-1A Generator (1957)

**Type of Service Provided**
☐ Nursing Inpatient Beds  Inpatient Days 
☐ IntensiveCare Inpatient Beds  Inpatient Days 
☐ Pediatric/Adolescent Inpatient Beds  Inpatient Days 
☐ Psychiatric Nursing Inpatient Beds  Inpatient Days 
☐ Obstetrical Ante/Postpartum Inpatient Beds  Inpatient Days 
☐ Intermediate Care Inpatient Beds  Inpatient Days 
☐ Skilled Nursing Inpatient Beds  Inpatient Days 
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/Imaging☐ Nuclear Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation Therapy☐ Administration☐ Renal Dialysis☐ Support Services☐ Outpatient Surgery☐ Obstetrical Cesarean/Deliv☒ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **02.1B**Building Name: **Building B-1B Generator (1957)****Type of Service Provided**
☐ Nursing Inpatient Beds  Inpatient Days 
☐ IntensiveCare Inpatient Beds  Inpatient Days 
☐ Pediatric/Adol  
escent Inpatient Beds  Inpatient Days 
☐ Psychiatric Nursing Inpatient Beds  Inpatient Days 
☐ Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days 
☐ Intermediate Care Inpatient Beds  Inpatient Days 
☐ Skilled Nursing Inpatient Beds  Inpatient Days 
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/  
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/  
Imaging☐ Nuclear  
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation  
Therapy☐ Administration☐ Renal Dialysis☐ Support  
Services☐ Outpatient  
Surgery☐ Obstetrical  
Cesarean/Deliv☒ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02.2

Building Name: Building B-2 1970 Addition

**Type of Service Provided**
☐ Nursing Inpatient Beds  Inpatient Days 
☐ IntensiveCare Inpatient Beds  Inpatient Days 
☐ Pediatric/Adol  
escent Inpatient Beds  Inpatient Days 
☐ Psychiatric Nursing Inpatient Beds  Inpatient Days 
☐ Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days 
☐ Intermediate Care Inpatient Beds  Inpatient Days 
☐ Skilled Nursing Inpatient Beds  Inpatient Days 
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/  
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/  
Imaging☐ Nuclear  
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation  
Therapy☒ Administration☐ Renal Dialysis☐ Support  
Services☐ Outpatient  
Surgery☐ Obstetrical  
Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 04.0

Building Name: Building D (ICU Addition - 1970)

**Type of Service Provided**
☐ Nursing Inpatient Beds  Inpatient Days 
☐ IntensiveCare Inpatient Beds  Inpatient Days 
☐ Pediatric/Adol  
escent Inpatient Beds  Inpatient Days 
☐ Psychiatric Nursing Inpatient Beds  Inpatient Days 
☐ Obstetrical Ante/Postprtum Inpatient Beds  Inpatient Days 
☐ Intermediate Care Inpatient Beds  Inpatient Days 
☐ Skilled Nursing Inpatient Beds  Inpatient Days 
Total Beds this Building ☐ Surgical☐ Obstetrical Recovery☐ Anesthesia☐ Newborn/  
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/  
Imaging☐ Nuclear  
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation  
Therapy☐ Administration☐ Renal Dialysis☒ Support  
Services☐ Outpatient  
Surgery☐ Obstetrical  
Cesarean/Deliv☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02.1A

Building Name: Building B-1A Generator (1957)

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**



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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

02.1B

Building Name:

Building B-1B Generator (1957)

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02.2

Building Name: Building B-2 1970 Addition

**Medical / Surgical (Include GYN)**

Inpatient Bed 0 Inpatient Days 0

**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

**Acute Psychiatric**

Inpatient Bed 0 Inpatient Days 0

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed 0 Inpatient Days 0

**Burn**

Inpatient Bed 0 Inpatient Days 0

**Skilled Nursing**

Inpatient Bed 0 Inpatient Days 0

**Pediatric**

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn Nursery**

Inpatient Bed 0 Inpatient Days 0

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 0 Inpatient Days 0

**Rehabilitation Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development Disabled**

Inpatient Bed 0 Inpatient Days 0

**Coronary Care**

Inpatient Bed 0 Inpatient Days 0

**Chemical Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this Building Per Unit**

0

**Total Beds this Building Per Service**

0

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 04.0

Building Name: Building D (ICU Addition - 1970)

**Medical / Surgical (Include GYN)**
 Inpatient Bed  Inpatient Days 
**Acute Respiratory Care**
 Inpatient Bed  Inpatient Days 
**Acute Psychiatric**
 Inpatient Bed  Inpatient Days 
**Perinatal (exclude Newborn / GYN)**
 Inpatient Bed  Inpatient Days 
**Burn**
 Inpatient Bed  Inpatient Days 
**Skilled Nursing**
 Inpatient Bed  Inpatient Days 
**Pediatric**
 Inpatient Bed  Inpatient Days 
**intensive Care Newborn Nursery**
 Inpatient Bed  Inpatient Days 
**Intermediate Card**
 Inpatient Bed  Inpatient Days 
**Intensive Care**
 Inpatient Bed  Inpatient Days 
**Rehabilitation Center**
 Inpatient Bed  Inpatient Days 
**Int. Care / development Disabled**
 Inpatient Bed  Inpatient Days 
**Coronary Care**
 Inpatient Bed  Inpatient Days 
**Chemical Dependency**
 Inpatient Bed  Inpatient Days 
**Total Beds this Building Per Unit****Total Beds this Building Per Service**

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

| Building Number | Building Name                     | Building to be Removed   |
|-----------------|-----------------------------------|--------------------------|
| 01.0            | Building A (1984)                 | <input type="checkbox"/> |
| 02.0            | Building B (1957 & 1983 Addition) | <input type="checkbox"/> |
| 02.1A           | Building B-1A Generator (1957)    | <input type="checkbox"/> |
| 02.1B           | Building B-1B Generator (1957)    | <input type="checkbox"/> |
| 02.2            | Building B-2 1970 Addition        | <input type="checkbox"/> |
| 03.0            | Building C (1959)                 | <input type="checkbox"/> |
| 03.1            | Building C-1 - Med Records (1965) | <input type="checkbox"/> |
| 04.0            | Building D (ICU Addition - 1970)  | <input type="checkbox"/> |

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2010

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Fremont Medical Center

Yuba City

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Report Status: **Data Last Update:** 01/13/2011

**Submission Date:** 01/13/2011

**Print Date:** 1/14/2011 8:38 AM

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02.1A

Building Name:

Building B-1A Generator (1957)

## Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02.1B

Building Name:

Building B-1B Generator (1957)

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☒

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02.2

Building Name:

Building B-2 1970 Addition

**Type of Service Provided**☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services



Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

04.0

Building Name:

Building D (ICU Addition - 1970)

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01.0

Building Name:

Building A (1984)

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☒

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Psychiatric  
Nursing☐Radiological/  
Imaging☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02.0

Building Name:

Building B (1957 &amp; 1983 Addition)

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☒

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☒

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02.1A

Building Name:

Building B-1A Generator (1957)

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02.1B

Building Name:

Building B-1B Generator (1957)

Configuration

:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02.2

Building Name:

Building B-2 1970 Addition

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☒

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03.0

Building Name:

Building C (1959)

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☒

Nursing

☐

Surgical

☒Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☒

IntensiveCare

☐

Anesthesia

☒Obstetrical  
Recovery☐

Renal Dialysis

☒Pediatric/Adol  
escent☐

Clinical Lab

☒Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☒Obstetrical  
Ante/Postpartum☒

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Skilled Nursing

☒

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03.1

Building Name:

Building C-1 - Med Records (1965)

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Administration

☐

Skilled Nursing



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04.0

Building Name:

Building D (ICU Addition - 1970)

Configuration  
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Administration

☐

Skilled Nursing

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 01.0

Building Name: Building A (1984)

**Type of Service Provided**
☒ Nursing Inpatient Beds 65

☒ IntensiveCare Inpatient Beds 8

☐ Pediatric/Adol  
escent Inpatient Beds 0

☐ Psychiatric  
Nursing Inpatient Beds 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0

☐ Intermediate  
Care Inpatient Beds 0

☐ Skilled Nursing  
Inpatient Beds 0

 Total Beds this  
Building 73

☒ Surgical

☒ Anesthesia

☐ Clinical Lab

☐ Radiological/  
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical  
Cesarean/Deliv

☐ Obstetrical  
Recovery

☐ Newborn/  
WellBaby

☐ Emergency

☐ Nuclear  
Medicine

☐ Rehabilitation  
Therapy

☐ Renal Dialysis

☒ Outpatient  
Surgery

☐ Central Plant

☐ Support  
Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 02.0

Building Name: Building B (1957 &amp; 1983 Addition)

**Type of Service Provided**

|   |                |                                |   |   |   |
|---|----------------|--------------------------------|---|---|---|
| <input type="checkbox"/> Nursing                    | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical                         | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia                       |   |   |
| <input type="checkbox"/> Pediatric/Adol escent      | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Clinical Lab          | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis         |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby          | <input type="checkbox"/> Outpatient Surgery     |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical                   | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant          |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Dietetic              | <input type="checkbox"/> Nuclear Medicine           | <input type="checkbox"/> Support Services       |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds | <input type="text" value="0"/> | <input checked="" type="checkbox"/> Administration        |   |   |
| Total Beds this Building                            |                | <input type="text" value="0"/> |   |   |   |

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 03.0

Building Name: Building C (1959)

**Type of Service Provided**

|  |                |                                 |  |  |  |
|--|----------------|---------------------------------|--|--|--|
| <input checked="" type="checkbox"/> Nursing                    | Inpatient Beds | <input type="text" value="25"/> | <input type="checkbox"/> Surgical                  | <input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy      |
| <input checked="" type="checkbox"/> IntensiveCare              | Inpatient Beds | <input type="text" value="4"/>  | <input type="checkbox"/> Anesthesia                |  |  |
| <input checked="" type="checkbox"/> Pediatric/Adol escent      | Inpatient Beds | <input type="text" value="14"/> | <input type="checkbox"/> Clinical Lab              | <input checked="" type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis              |
| <input type="checkbox"/> Psychiatric Nursing                   | Inpatient Beds | <input type="text" value="0"/>  | <input type="checkbox"/> Radiological/ Imaging     | <input checked="" type="checkbox"/> Newborn/ WellBaby          | <input type="checkbox"/> Outpatient Surgery          |
| <input checked="" type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="16"/> | <input checked="" type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Emergency                             | <input type="checkbox"/> Central Plant               |
| <input type="checkbox"/> Intermediate Care                     | Inpatient Beds | <input type="text" value="0"/>  | <input type="checkbox"/> Dietetic                  | <input type="checkbox"/> Nuclear Medicine                      | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing                       | Inpatient Beds | <input type="text" value="0"/>  | <input checked="" type="checkbox"/> Administration |  |  |
| Total Beds this Building                                       |                | <input type="text" value="59"/> |  |  |  |

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 03.1

Building Name: Building C-1 - Med Records (1965)

**Type of Service Provided**

|   |                |                                |  |   |  |
|---|----------------|--------------------------------|--|---|--|
| <input type="checkbox"/> Nursing                    | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Surgical              | <input type="checkbox"/> Obstetrical Cesarean/Deliv | <input type="checkbox"/> Rehabilitation Therapy      |
| <input type="checkbox"/> IntensiveCare              | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Anesthesia            |   |  |
| <input type="checkbox"/> Pediatric/Adol escent      | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Clinical Lab          | <input type="checkbox"/> Obstetrical Recovery       | <input type="checkbox"/> Renal Dialysis              |
| <input type="checkbox"/> Psychiatric Nursing        | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Radiological/ Imaging | <input type="checkbox"/> Newborn/ WellBaby          | <input type="checkbox"/> Outpatient Surgery          |
| <input type="checkbox"/> Obstetrical Ante/Postprtum | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Pharmaceutical        | <input type="checkbox"/> Emergency                  | <input type="checkbox"/> Central Plant               |
| <input type="checkbox"/> Intermediate Care          | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Dietetic              | <input type="checkbox"/> Nuclear Medicine           | <input checked="" type="checkbox"/> Support Services |
| <input type="checkbox"/> Skilled Nursing            | Inpatient Beds | <input type="text" value="0"/> | <input type="checkbox"/> Administration        |   |  |
| Total Beds this Building                            |                | <input type="text" value="0"/> |  |   |  |

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

01.0

Building Name:

Building A (1984)

**Medical / Surgical (Include GYN)**Inpatient  
Bed

65

Inpatient  
Days

11370

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

8

Inpatient  
Days

1399

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

73

**Total Beds this  
Building Per  
Service**

73

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

02.0

Building Name:

Building B (1957 &amp; 1983 Addition)

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

03.0

Building Name:

Building C (1959)

**Medical / Surgical (Include GYN)**Inpatient  
Bed

25

Inpatient  
Days

4373

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

16

Inpatient  
Days

2799

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

14

Inpatient  
Days

2449

**intensive Care Newborn  
Nursery**Inpatient  
Bed

4

Inpatient  
Days

700

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

59

**Total Beds this  
Building Per  
Service**

59



Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

03.1

Building Name:

Building C-1 - Med Records (1965)

**Medical / Surgical (Include GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Respiratory Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Acute Psychiatric**Inpatient  
Bed

0

Inpatient  
Days

0

**Perinatal (exclude Newborn / GYN)**Inpatient  
Bed

0

Inpatient  
Days

0

**Burn**Inpatient  
Bed

0

Inpatient  
Days

0

**Skilled Nursing**Inpatient  
Bed

0

Inpatient  
Days

0

**Pediatric**Inpatient  
Bed

0

Inpatient  
Days

0

**intensive Care Newborn  
Nursery**Inpatient  
Bed

0

Inpatient  
Days

0

**Intermediate Card**Inpatient  
Bed

0

Inpatient  
Days

0

**Intensive Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Rehabilitation  
Center**Inpatient  
Bed

0

Inpatient  
Days

0

**Int. Care / development  
Disabled**Inpatient  
Bed

0

Inpatient  
Days

0

**Coronary Care**Inpatient  
Bed

0

Inpatient  
Days

0

**Chemical  
Dependency**Inpatient  
Bed

0

Inpatient  
Days

0

**Total Beds this  
Building Per  
Unit**

0

**Total Beds this  
Building Per  
Service**

0